## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

10/647/71

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                         |                                                  |                                           |                |                               |                              |                  |          | SMALL ENTITY TYPE   |                        | OR   | OTHER THAN SMALL ENTITY |                        |
|------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------|----------------|-------------------------------|------------------------------|------------------|----------|---------------------|------------------------|------|-------------------------|------------------------|
| TOTAL CLAIMS                                                           |                                                  |                                           | 33             |                               |                              |                  |          | RATE                | FEE                    |      | RATE                    | FEE                    |
| FOR                                                                    |                                                  |                                           | NUMBER FILED : |                               | NUMBE                        | R EXTRA          |          | BASIC FEE           | 150.00                 | OR   | BASIC FEE               | 300.00                 |
| TOTAL CHARGEABLE CLAIMS                                                |                                                  |                                           | 33 minus 20=   |                               | · 13                         |                  |          | X\$ 25=             |                        | OR   | X\$50=                  | 234                    |
| INDEPENDENT CLAIMS                                                     |                                                  |                                           | / minus 3 =    |                               | *                            |                  |          | X100=               |                        | OR   | X200=                   |                        |
| MU                                                                     | LTIPLE DEPEN                                     | DENT CLAIM PF                             | RESENT         |                               | •                            |                  |          | +180=               | ·                      | OR   | +360=                   |                        |
| * If the difference in column 1 is less than zero, enter "0" in column |                                                  |                                           |                |                               |                              | olumn 2          |          | TOTAL               |                        | OR   | TOTAL                   | 984                    |
| 8-9-06 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)    |                                                  |                                           |                |                               |                              |                  |          | SMALLE              | ENTITY                 | OR.  | OTHER<br>SMALL          |                        |
| NTA                                                                    |                                                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                 | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                    | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                                                              | Total                                            | * 33                                      | Minus          | <b>*</b> 3                    | 3                            | = ./             |          | X\$.25=             | 1                      | OR   | X\$50=                  | i                      |
|                                                                        | Independent                                      | * 7                                       | Minus          | ***                           | 3                            | = /              |          | X100=               |                        | OR   | · X200=                 |                        |
| L                                                                      | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM / |                                           |                |                               |                              |                  |          | +180=               |                        | OR:  | +360=                   |                        |
| ŀ                                                                      |                                                  |                                           |                |                               |                              |                  |          | TOTAL<br>ADDIT. FEE |                        | ОŖ   | TOTAL<br>ADDIT. FEE     |                        |
|                                                                        | (Column 1) (Column 2) (Column 3)                 |                                           |                |                               |                              |                  | Ĺ        |                     |                        |      |                         |                        |
| AMENDMENT B                                                            | *                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | PREVI                         | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE | ٠. ٠ | RATE                    | ADDI-<br>TIONAL<br>FEE |
|                                                                        | Total                                            | <b>*</b>                                  | Minus          | **                            |                              | .= .             | '        | X\$ 25=             |                        | OR   | X\$50=                  |                        |
|                                                                        | Independent                                      | *                                         | Minus .        | ***                           | · ·                          | =                |          | X100=               |                        | or.  | X200=                   |                        |
|                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                           |                |                               |                              |                  | <u>.</u> | +180=               | <del>,</del>           | OR   | +360=                   |                        |
|                                                                        |                                                  |                                           |                |                               |                              |                  |          | TOTAL               |                        | OR   | TOTAL                   |                        |
|                                                                        |                                                  |                                           |                |                               |                              |                  |          | ADDIT. FEE          | L                      | 10   | ADDIT. FEE              | L                      |
| <b> </b>                                                               | (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST  |                                           |                |                               |                              |                  | 4        |                     |                        | 1    |                         | ADDI-                  |
| AMENDMENT C                                                            |                                                  | REMAINING<br>AFTER<br>AMENDMENT           |                | NÜN<br>PREV                   | MBER<br>IOUSLY<br>FOR        | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                    | TIONAL                 |
|                                                                        | Total                                            | *                                         | Minus          | **                            |                              | =                |          | X\$ 25=             |                        | OR   | X\$50=                  |                        |
| MEN                                                                    | Independent                                      | *                                         | Minus          | ***                           |                              | =                |          | X100=               |                        | OR   | X200=                   |                        |
| \\\                                                                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                           |                |                               |                              |                  | L        |                     |                        | 1    | +360=                   | 1                      |
|                                                                        |                                                  |                                           |                |                               |                              | ·<br>•,          |          | +180=               | <u> </u>               | OR   | +300≥                   | <u> </u>               |
|                                                                        |                                                  |                                           |                |                               |                              | •                |          |                     |                        |      |                         |                        |